

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTR UCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Housing Authority of the City of Three Rivers

PHANumber: TX59P176

PHA Fiscal Year Beginning:(mm/yyyy) 04/2003

PHA Plan Contact Information:

Name: Mozelle Ploch

Phone: 361/786 -2295

TDD: same

Email (if available): Mozelle@bcni.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2003

[24CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcovered inothersectionsofthisUpdate.

TheHousingAuthorityoftheCityofThreeRiversisnotproposingany changesinPolicyatthistime.ChangestotheAnnualPlanandtheFive YearActionPlanhavebeenmade,addingtheFFY2007.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A. ☒ Yes ☐ No: IsthePHAeligibletoparticipateintheCFPinthefiscalyear coveredbythisPHAPlan?

B.WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFund Programgrantfortheupcomingyear? \$73,788

C. ☒ Yes ☐ No DoesthePHAplantoparticipateintheCapitalFundProgram in theupcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonext component.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentC

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentB

3.DemolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethissection.

1. ☐ Yes ☒ No: DoesthePHAplantconductanydemolitionordisposition activities(pursuanttosection18oftheU.S.HousingActof1937 (42U.S.C.1437p))intheplanFiscalYear?(If“No”,skiptonext component;if“yes”,completeoneactivitydescriptionforeach development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment (Filename) F _____

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment F.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plan supports the PHA goal to create and maintain safe, sanitary and affordable housing in the community;

The Consolidated Plan supports the PHA goal to assist the elderly and disabled in addressing their housing needs.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Any change to the Mission Statement;

50% deletion from or addition to the goals and objectives as a whole;

50% or more decrease in the quantifiable measurement or any individual goal or objective.

B. Significant Amendment or Modification to the Annual Plan:

A change of more than 50% in the funding amount projected in the Financial

Resource Statement and/or the Capital Fund Program Annual Statement;

Any change in a policy or procedure that requires a regulatory 30-day posting.

Attachment_A_

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	Voluntary Conversion Initial Assessments

AttachmentB

PHAName: HousingAuthorityoftheCityofThreeRivers		GrantTypeandNumber CapitalFundProgram: TX59-P176-50103 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2003	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	7,800			
3	1408ManagementImprovements	5,000			
4	1410Administration	2,800			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	6,640			
8	1440SiteAcquisition				
9	1450SiteImprovement	7,000			
10	1460DwellingStructures	42,448			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	2,100			
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	73,788			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				

PHAName:		GrantTypeandNumber			FederalFYofGrant:
HousingAuthorityoftheCityofThreeRivers		CapitalFundProgram: TX59-P176-50103 CapitalFundProgram ReplacementHousingFactorGrantNo:			2003
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of the City of Three Rivers		Grant Type and Number Capital Fund Program #: TX59-P176-50103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406		7,800				
PHA-Wide	Management Improvements	1408		5,000				
	Computer hardware/software, training							
PHA-Wide	Administration	1410		2,800				
	Advertising, program administration							
PHA-Wide	Fees and Costs	1430		6,640				
	Preparation of Annual Plan Design Services							
	Site Improvements	1450		7,000				
TX-1	Pave existing parking lots							
	Dwelling Structures	1460		42,448				
TX-1	Interior and exterior doors							
TX-2	Window repair/replacement							
TX-3	Interior doors							
PHA-Wide	Non-Dwelling Structures	1470		2,100				
	Ceiling tile and carpet in community room							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule	
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[illegible]

AttachmentC

CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA -widephysicalormanagementimprovements
 plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary .Note:PHAsneednotincludetheinformationfromYearOneofthe5 -Yearcycle,because
 informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan			
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement			
Development Number	DevelopmentName (orindicatePHAwide)		
TX59P176	PHAWide		
DescriptionofNeededPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)

Operations ManagementImprovements:computerhardware/software; Administration:advertising,programadministration; FeesandCosts:preparationofannualsubmittal,designservices; DwellingStructures:cabs,extdrsTX2,roofing,extdrsTX3 DwellingEquipment:stackablewashers/dryersforTX2	7,800 3,500 2,800 6,640 43,048 10,000	2004
Operations ManagementImprovements:computerhardware/software; Administration:advertising,programadministration; FeesandCosts:preparationofannualsubmittal,designservices; DwellingStructures:cabs,roofing,exteriorpaintTX2	7,800 3,500 2,800 6,640 53,048	2005
Operations ManagementImprovements:computerhardware/software; Administration:advertising,programadministration; FeesandCosts:preparationofannualsubmittal,designservices; SiteImprovements:retainingwallTX1&3,parkinglotTX3 DwellingStructures:extpaintTX1,roofingTX2,extpaintTX3	7,800 5,000 2,800 6,640 12,000 39,548	2006
Operations ManagementImprovements:computerhardware/software; Administration:advertising,programadministration; FeesandCosts:preparationofannualsubmittal,designservices; DwellingStructures:extpaint,win dows,repaintmasonryTX1,intdrs& carpetTX2 Non-DwellingStructures:upgradeoffice Non-DwellingEquipment:upgradeofficeequipment	7,800 5,000 2,800 6,640 32,848 15,000 3,700	2007

Total estimated cost over next 5 years	368,940	
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PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F.DurationofProgram

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12Months_____18Months_____24Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers .

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities . This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 –Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback/TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 –Drug Prevention	
9170 –Drug Intervention	
9180 –Drug Treatment	
9190 -Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise —not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							

2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
--------------------------------	--	--	--	--	-----------------------------	--	--

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 – Employment of Investigators
Total PHDEP Funding: \$

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol
Total PHDEP Funding: \$

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - Physical Improvements
Total PHDEP Funding: \$

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$				
Goal(s)									

Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Mary Ann Bradford

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires):

01/07/02 – 01/07/04

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

A. Date of next term expiration of a governing board member:

01/01/2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mr. Jerry Wheeler, Mayor of the City of Three Rivers

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Scott Evans

Apt. 1, Alexander St.

P.O. Box 114

Three Rivers, TX 78071

No Telephone

JoAnn Whitney

Apt. 42, St. Marys St.

P.O. Box 1665

Three Rivers, TX 78071

Phone: (361) 786 -1031

MaryAnn Bradford

Apt. 23, Tips St.

P.O. Box 514

Three Rivers, TX 78071

Phone: (361) 786 -1541

Debra Guerrero

Apt. 8, Tips St.

P.O. Box 211

Three Rivers, TX 78071

Phone: (361) 786 -2123

Attachment F: Advisory Board Comments

Comments received by the Resident Advisory Board include the replacement of windows and doors, and landscaping for TX -1, new lawn care equipment and monthly awards for lawn care. The replacement of windows and doors, and landscaping were already in the 5 -year plan and did not require making changes to the plan; additional lawn equipment was not added as the Housing Authority determined the equipment they have is sufficient for the maintenance of the lawns; if awards for lawn care for lawn care are established, they will not be of significant cost and will be funded through the Operating Budget.

Attachment G: Component 10(B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments? Three

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly, and/or disabled developments not general occupancy projects)? One

c. How many Assessments were conducted for the PHA's covered developments? Two

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments. None

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. Completed

AttachmentH:2000CFPPerformanceandEvaluationReport
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementFactor(CFP/CFPRHF)Part1:
Summary

HName: HousingAuthorityoftheCityofThreeRivers	GrantTypeandNumber: TX59P176501-00 CapitalFundProgramGrantNo.: TX59P176501-00 ReplacementHousingFactorGrantNo.:	FederalFYofGrant 2000
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__OriginalAnnualStatement	__ReserveforDisasters/Emergencies	__RevisedAnnualStatement(RevisionNo.:__)	XXFinalProgressReport
__PerformanceandEvaluationReportforPeriodEnding:____		__FinalPerformanceandEvaluationReport	

LineNo.	SummarybyDevelopmentAccount	TotalEstimatedCost Original	Revised	TotalActualCost Obligated	Expended
1	TotalNon -CFPFunds	0	0	0	0
2	1406 Operations	5,000	4,859	4,859	4,859
3	1408 ManagementImprovementsSoftCosts	0	0	0	0
	ManagementImprovementsHardCosts	0	0	0	0
4	1410 Administration	4,910	4,741	4,741	4,741
5	1411 Audit	0	0	0	0

6	1415	Liquidated Damages	0	0	0	0
7	1430	Fees and Costs	9,328	1,580	1,580	1,580
8	1440	Site Acquisition	0	0	0	0
9	1450	Site Improvements	0	0	0	0
10	1460	Dwelling Structures	39,600	44,926	44,926	44,926
11	1465.1	Dwelling Equipment - Nonexpendable	4,000	8,602	8,602	8,602
12	1470	Non dwelling Structures	500	0	0	0
13	1475	Non dwelling Equipment	14,700	13,329	13,329	13,329
14	1485	Demolition	0	0	0	0
15	1490	Replacement Reserve	0	0	0	0
16	1492	Moving to Work Demonstration	0	0	0	0

17	1495.1	RelocationCosts	0	0	0	0
18	1499	DevelopmentActivities	0	0	0	0
19	1502	Contingency	0	0	0	0
20	AmountofAnnualGrant(Sumoflines2 -19)		78,038	78,038	78,038	78,038
	Amountofline20RelatedtoLBPActivities		0	0	0	0
	Amountofline20RelatedtoSection504Compliance		0	0	0	0
	Amountofline20RelatedtoSecurity	-SoftCosts	0	0	0	0
	Amountofline20RelatedtoSecurity	-HardCosts	0	0	0	0
	Amountofline20RelatedtoEnergyConservationMeasures		0	0	0	0
	CollateralizationExpensesorDebtService		0	0	0	0

AnnualStatement/Performan ceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementFactor
(CFP/CFPRHF)
PartII:SupportingPages

HAName:
HousingAuthorityoftheCityofThreeRivers

GrantTypeandNumber: TX59P176501-00
CapitalFundProgramGrantNo.: TX59P176501-00
ReplacementHousingFac torGrantNo.:

FederalFYofGrant
2000

Development Number	GeneralDescriptionofMajorWork Name/HA-Wide Activities	Development Account Number	Quantity	TotalEstimatedCost Original	Revised	TotalActualCost Obligated	Expended	StatusofWork
HOUSINGAUTHORITYTOTAL:				78,038	78,038	78,038	78,038	
PHAWide	OPERATIONS	1406		5,000	4,859	4,859	4,859	
PHAWide	ADMINISTRATION	1410		4,910	4,741	4,741	4,741	
	advertising,printing			750	289	289	289	
	administrativesalaries			2,080	3,500	3,500	3,500	
	officeexpenses			500	0	0	0	
	programadministration			1,580	952	952	952	
PHAWide	FEESANDCOSTS	1430		9,328	1,580	1,580	1,580	
	applicationpreparationfee			1,000	0	0	0	
	constructiondesign,constructionadministration			8,328	1,580	1,580	1,580	
	DWELLINGSTRUCTURES	1460		39,600	44,926	44,926	44,926	
TX176-2	installcentralHVAC			39,600	44,926	44,926	44,926	
PHAWide	DWELLINGEQUIPMENT	1465		4,000	8,602	8,602	8,602	
	ranges,refrigerators,waterheaters			4,000	8,602	8,602	8,602	

PHAWide	NON -DWELLINGSTRUCTURES	1465	500	0	0	0
	dooralarm		500	0	0	0
PHAWide	NON -DWELLINGEQUIPMENT	1475	14,700	13,329	13,329	13,329
	lawnmower,aircompressor,chainsaw,drillpress, pressurewasher, safe,flagpole,bulletinboards, tables,chairs		14,700	13,329	13,329	13,329

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgamandCapitalFundProgramReplacementFactor
(CFP/CFPRHF)
PartIII:ImplementationSchedule

HAName:	GrantTypeandNumber:	TX59P176501-00	FederalFYofGrant
HousingAuthorityoftheCityofThreeRivers	CapitalFundProgramGrantNo.:	TX59P176501-00	2000
	ReplacementHousingFactorGrantNo.:		

DevelopmentNumber	AllFundsObligated			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
Name/HA -Wide Activities	Original	Revised (Attachexplanation)	Actual	Original	Revised (Attachexplanation)	Actual	
TX-1	3/2002		3/2002	3/2003		6/2002	

Attachment I: 2001 CFPP Performance and Evaluation Report
Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Factor (CFP/CFPRHF) Part 1:
Summary

HAName: Housing Authority of the City of Three Rivers	Grant Type and Number: TX59P176501-01 Capital Fund Program Grant No.: TX59P176501-01 Replacement Housing Factor Grant No.:	Federal FY of Grant 2001
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__Original Annual Statement	__Reserve for Disasters/Emergencies	__Revised Annual Statement (Revision No.: __)	__Final Progress Report
XX Performance and Evaluation Report for Period Ending: 06/2002		__Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost Original	Revised	Total Actual Cost Obligated	Expended
1	Total Non - CFP Funds	0	0	0	0
2	1406 Operations	1,577	0	0	0
3	1408 Management Improvements Soft Costs	1,500	0	0	0
	Management Improvements Hard Costs	1,500	0	0	0
4	1410 Administration	5,140	3,562	3,562	1,000
5	1411 Audit	0	0	0	0

6	1415	Liquidated Damages	0	0	0	0
7	1430	Fees and Costs	8,805	8,555	8,555	0
8	1440	Site Acquisition	0	0	0	0
9	1450	Site Improvements	18,078	8,911	0	0
10	1460	Dwelling Structures	19,500	36,931	21,181	21,181
11	1465.1	Dwelling Equipment - Nonexpendable	7,515	5,656	5,656	5,656
12	1470	Non Dwelling Structures	0	0	0	0
13	1475	Non Dwelling Equipment	16,000	16,000	0	0
14	1485	Demolition	0	0	0	0
15	1490	Replacement Reserve	0	0	0	0
16	1492	Moving to Work Demonstration	0	0	0	0

17	1495.1	RelocationCosts	0	0	0	0
18	1499	DevelopmentActivities	0	0	0	0
19	1502	Contingency	0	0	0	0
20	AmountofAnnualGrant(Sumoflines2 -19)		79,615	79,615	38,954	27,838
	Amountofline20RelatedtoLBPActivities		0	0	0	0
	Amountofline20RelatedtoSection504Compliance		0	0	0	0
	Amountofline20RelatedtoSecurity	-SoftCosts	0	0	0	0
	Amountofline20RelatedtoSecurity	-HardCosts	0	0	0	0
	Amountofline20Relate	dtoEnergyConservationMeasures	0	0	0	0
	CollateralizationExpensesorDebtService		0	0	0	0

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementFactor
(CFP/CFPRHF)
PartII:SupportingPages

HAName:
HousingAuthorityoftheCityofThreeRivers

GrantTypeandNumber: TX59P176501-01
CapitalFundProgramGrantNo.: TX59P176501-01
ReplacementHousingFactorGrantNo.:

FederalFYofGrant
2001

Development		GeneralDescriptionofMajorWork Categories	Development Account Number	Quantity	TotalEstimatedCost		TotalActualCost		StatusofWork	
Number	Name/HA-Wide				Original	Revised	Obligated	Expended		
Activities										
HOUSINGAUTHORITYTOTAL:					79,615	79,615	38,954	27,837		
PHAWide	OPERATIONS		1406		1,577	0	0	0		
	computersoftware/hardwareupgrade				1,577	0	0	0		
PHAWide	MANAGEMENTIMPROVEMENTS		1408		3,000	0	0	0		
	computersoftware/hardwareupgrade				1,500	0	0	0		
	travel/training				1,500	0	0	0		
PHAWide	ADMINISTRATION		1410		5,140	3,562	3,562	1,000		
	programadministration				1,560	1,560	1,560	0		
	advertising				1,000	0	0	0		
	officeexpenses				500	0	0	0		
	salary				2,080	2,002	2,002	1,000		
PHAWide	FEESANDCOSTS		1430		8,805	8,555	8,555	0		
	applicationpreparationfee				1,000	750	750	0		

constructiondesign,constructionadministration	7,805	7,805	7,805	0
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SITEIMPROVEMENTS	1450	18,078	8,911	0	0
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TX-1	repairsidewalks	3,000	2,000	0	0
	landscaping,treetrimming	1,500	0	0	0
TX-2	repairsidewalks	1,000	1,000	0	0
	landscaping,treetrimming	2,000	0	0	0
TX-3	repairsidewalks	2,078	2,000	0	0
	treetrimming	2,500	3,911	0	0
	cleanouts	6,000	0	0	0

AnnualStatement/Perfor manceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementFactor
(CFP/CFPRHF)
PartII:SupportingPages

HAName:	GrantTypeandNumber:	TX59P176501-01	FederalFYofGrant
HousingAuthorityoftheCityofThreeRivers	CapitalFundProgramGrantNo.:	TX59P176501-01	2001
	ReplacementHousing FactorGrantNo.:		

Development	GeneralDescriptionofMajorWork	Development	Quantity	TotalEstimatedCost	TotalActualCost	StatusofWork
Number	Categories	Account		Original	Obligated	
Name/HA-Wide		Number		Revised	Expended	
Activities						

DWELLINGSTRUCTURES	1460	19,500	36,931	21,181	21,181
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TX-1	patchfoundations	2,500	500	0	0
TX-2	installdryeroutlets,venting	12,750	12,750	0	0

TX-3	patchfoundations		1,250	500	0	0
	installHVAC/electricalupgrade		0	21,181	21,181	21,181
	patchfoundations		1,500			
	heavygaugerearscreendoors		1,500	1,500	0	0
PHAWide	DWELLINGEQUIPMENT	1465	7,515	5,656	5,656	5,656
	ranges,refrigerators,waterheaters		7,515	5,656	5,656	5,656
PHAWide	NON -DWELLINGEQUIPMENT	1475	16,000	0	0	0
	purchasenewmaintenancetruck,toolbox,lift		16,000	0	0	0

AnnualSta tement/PerformanceandEvaluationReport
CapitalFundProgamandCapitalFundProgramReplacementFactor
(CFP/CFPRHF)
PartIII:ImplementationSchedule

HAName:	GrantTypeandNumber:	TX59P176501-01	FederalFYofGrant
HousingAuthorityoftheCityofThreeRivers	CapitalFundProgramGrantNo.:	TX59P176501-01	2001
	ReplacementHousingFactorGrantNo.:		

DevelopmentNumber Name/HA -Wide Activities	AllFundsObligated			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised (Attachexplanation)	Actual	Original	Revised (Attachexplan ation)	Actual	
TX-1	6/2003			9/2004			
TX-2	6/2003			9/2004			
TX -3	6/2003			9/2004			